

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Agency's Name: Hawaii Sunshine Home Care Inc.	CHAPTER 700
Address: 1451 S King Street, Suite 313, Honolulu, Hawaii 96814	Inspection Date: February 12, 2021

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	NO DEFICIENCIES	NOT APPLICABLE (NA)	NA